

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | BS       | 49     | 11.09.01 |
| O.I.P.E. CLASSIFIER       |          |        | 4/11/01  |
| FORMALITY REVIEW          | S-A      | 1088   | 11/26/01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Date     |
|-------|----------|
| Final | Original |
| 1     | ✓        |
| 2     | ✓        |
| 3     | ✓        |
| 4     | ✓        |
| 5     | ✓        |
| 6     | ✓        |
| 7     | ✓        |
| 8     | ✓        |
| 9     | ✓        |
| 10    | ✓        |
| 11    | ✓        |
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| Claim | Date     |
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| Final | Original |
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| Claim | Date     |
|-------|----------|
| Final | Original |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy

10/26/01  
11/26/01